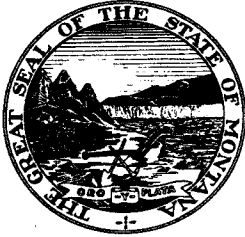


EXHIBIT 1DATE 1-17-07117DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICESBRIAN SCHWEITZER
GOVERNORJOAN MILES
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

DPHHS Testimony on HB 117 for Newborn Hearing Screening

Mr. Chairman and members of the committee, I am Jo Ann Dotson, a nurse at the state health department and chief of the Family and Community Health Bureau. We provide services and programs for infants, children, women and their families. We presently oversee and administer the voluntary newborn hearing screening program here in the state.

On behalf of the Department of Public Health and Human Services, I encourage you to pass HB 117. Early identification and intervention is critical to the development of language and participation in life to a person's full potential. The national health standard adopted by the department is the "1-3-6" standards, which means that babies should get screened by one month of age, diagnosed by three months, and have interventions in place by six months of age. This standard maximizes the chances for a normal life for our babies born deaf or hard of hearing. In a hearing earlier today, we heard testimony from three families who's children weren't diagnosed with a hearing problem until 2 years of age. In some cases, children may go even longer without a diagnosis, meaning they miss the opportunity to integrate sound during early brain development.

HB 117 sets the parameters for partnerships with: our birthing hospitals, birthing centers, and midwives to ensure newborn screening opportunities for all babies; and with audiologists who provide the assessments that will determine the nature of the needed intervention. The department will do all it can to identify resources to support those partnerships for the benefit of Montana's babies. Our program will continue to work in cooperation with the Montana School for the Deaf and Blind to ensure early electronic referral for intervention based on the information provided by our state's audiologists.

Date: 01/17/2007**Hearing Room:** 152**Hearing Time:** 3 PM**Committee:** (H) Human Services

Children's Clinic
1232 North 30th Street
Billings, MT 59101
January 16, 2007

Dear Committee:

I am writing to urge you to support HB 117 to help assure that all babies in Montana will be screened for hearing problems and that early intervention is supported for those infants with hearing deficiencies.

Montana State has made a great effort to screen children for birth defects and diseases. Hearing loss is the most frequent birth defect found by our screening. In Montana approximately thirteen newborns are identified each year with significant hearing loss.

Although the children's hearing loss is generally permanent, the disability that results from the hearing loss is preventable. Without early intervention, children with hearing loss will be language delayed. They will need many years of speech therapy and special education, and are at higher risk of a permanent language disability. In contrast, early intervention for hearing loss is very cost effective: resulting in a child with good language – who will need less speech therapy and special education.

Unfortunately, INTERVENTION FOR HEARING LOSS MUST BEGIN EARLY – AT LEAST BY SIX MONTHS OF AGE – to avoid permanent language impairment. In order to intervene this early, children must be screened at birth and we need to have a good program to follow-up and insure that the children receive the services needed.

Please continue to fund this essential program to prevent disabilities among Montana's hearing impaired children.

Sincerely,

Laura Nicholson, MD
Developmental and Behavioral Pediatrician
Hearing Champion, Montana Chapter of the
American Academy of Pediatrics

January 14, 2007

To: Human Services Committee
From: Laurie Glover, Great Falls

Dear Members of Legislative Human Services Committee:

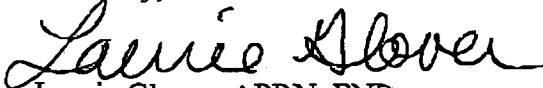
As a public health nurse practitioner, nurse educator, and former nurse at Montana School for the Deaf and the Blind, I am writing in favor of HB 117, the bill that makes universal newborn hearing screenings mandatory. I saw the effects on children and their families when hearing loss was not identified until later in childhood or their teens. Children fell behind in their language acquisition, development, and formal education. This often resulted in adjustment problems with their peers, anxiety and depression.

Providing hearing screenings and education to all Montana newborns will serve to meet needs of children who do not receive regular well-child care and check-ups due to healthcare system gaps or family circumstances. Infants and children are dependent upon others for their healthcare, and thus vulnerable. We can help ensure that deafness or partial deafness is not left to be identified at kindergarten entry, long after children learn much of their language.

When children with developmental delays are identified very early in infancy, interventions can enhance a child's success, as well as the family's coping and adjustment. Long-term, the children with early interventions are more likely to be productive members of Montana society. The intention of HB 117 is truly a worthy illustration of the motto, "No Child Left Behind."

Thank you for your consideration and work on this issue.

Sincerely,



Laurie Glover, APRN, FNP
1318 16th St. So.
Great Falls, MT 59405

Testimony: Human Services Committee
Regarding: HB 117 Newborn hearing screening
From: Steve Gettel, Superintendent
Date: Wednesday, January 17, 2007

Chairman Stoker and members of the committee, for the record my name is Steve Gettel and I am the Superintendent of the Montana School for the Deaf and the Blind. The Montana School for the Deaf and the Blind strongly supports the passage of House Bill 117, an act requiring newborn hearing screenings and education.

The Montana School for the Deaf and the Blind has statutory responsibility to provide early educational intervention services to families of infants and toddlers who have a hearing loss. Through the school's outreach consultants, contracted family advisors and in collaboration with community based Part C family support specialists, MSDB provides information on the impact of deafness on communication and language acquisition and amplification systems, communication assessments, communication models including sign language instruction, and support for transition to school based services. Currently MSDB is providing early intervention services to 27 families across the state. For these families this is the best chance for ensuring that their deaf or hard-of-hearing babies will develop communication systems that allow them to acquire essential reading readiness skills so that they can be as successful in school as their hearing peers.

But for early intervention to be a success all babies with a hearing loss must be identified as early as possible. This is why it is critical that all infants are screened for hearing loss before they leave the hospital or within the first month after birth. For those babies who have failed the hearing screening it is also critical that they receive a conclusive diagnosis before 3 months of age. This will ensure that those infants with a hearing loss will be referred for intervention services before 6 months of age and that family advisors will be in the homes working with their parents to help them give their babies the best possible foundation for an appropriate education.

With the screening tools, Hi*Track (Hearing Information and Tracking) referral system, MSDB outreach program, and Part C services already in place, failure to detect and identify even one baby with a hearing loss is unacceptable. For the young parents of every baby born with a hearing loss Montana, I urge you to recommend passage of HB 117.

Mr. and Mrs. James Hohn, Jr.
PO Box 237 #1 Tizer Lake Road
Jefferson City, Montana 59638

January 12, 2007

Re: House Bill #117 "An act requiring newborn hearing screenings and education"

Dear Chairman and members of the Committee:

Unfortunately, we were unable to attend this hearing in person but we would like to express our support for this bill. Our three year old daughter, Mary, was born with moderate to severe hearing loss. Fortunately, her loss was suspected within a week of her birth due to the newborn hearing screening available at our local hospital. Her loss was confirmed by an audiologist less than a month after her birth and we were able to find supportive services and information to determine the treatment options available.

We were told that Mary would require hearing aids in order to be able to comprehend the sounds, speech, and music in her environment and would also require intensive speech therapy in order to learn to speak in any comprehensible and meaningful way. Because of her type of hearing loss, it was vital that she begin using hearing aids as soon as possible in order for the auditory receptors in her brain to develop normally. There is a short time period when the auditory centers must hear speech sounds or that ability may be lost.

Unfortunately, we learned that many children are not identified as deaf or hard of hearing until they reach 3 or 4 years of age or later—by then the ability to learn language is impaired, perhaps for life. There is a good chance that Mary will eventually lose more or all of her hearing as she grows older. Identifying her hearing loss at birth was paramount for her—she will at least have heard speech, music, and noises. It is vitally important for all children to receive whatever audiology, speech, and deaf/hard of hearing education as early as possible so that they may become happy, productive members of society. It is a travesty that all of Montana's children are not screened at birth for hearing loss—the costs in terms of money, time, and frustration only increase the longer the deficits go undiagnosed.

Mary's quality of life, her safety, her ability to receive an education, and her success and confidence in a hearing world would have been very impaired had she not received the help she needed as soon as she did. She is now a vivacious, intelligent, little girl who has her whole life in front of her—we would like to be able to ensure that all children born in the State of Montana have the same options as Mary.

Respectfully,

Mr. and Mrs. James V. Hohn, Jr.

Clack, Sib

From: Momtoons@aol.com
Sent: Sunday, January 14, 2007 10:02 PM
To: Clack, Sib; Momtoons@aol.com
Subject: Re: Our Human Services standing Committee hearing for HB 117 has been set!
Attachments: HearingScreeningbill.doc

Sib,

Unfortunately, we will be unable to attend this hearing but we do want to show our support for this bill by submitting our written testimony. I have attached the letter to this email. Thank you for the work you do for our kids.

Sincerely,
Corbie Hohn

(PTO)

1/16/2007

Can Your Baby Hear?

Your Baby's First Hearing Test



Some things a baby with normal hearing should be able to do:

Birth to 3 Months of Age

- Blinks or jumps when there is a sudden, loud sound
- Quiets or smiles when spoken to
- Makes sounds like "ohh," "ahh"

3 to 6 Months of Age

- Looks for sounds with eyes
- Starts babbling ("baba," "mama," "gaga")
- Uses many sounds, squeals, and chuckles

6 to 9 Months of Age

- Turns head toward loud sounds
- Understands "no-no" or "bye-bye"
- Babbles, for example "baba," "mama," "gaga"

9 to 12 Months of Age

- Repeats simple words and sounds you make
- Correctly uses "mama" or "dada"
- Responds to singing or music
- Points to favorite toys and objects when asked

If you have questions about your baby's hearing or this list, talk with your baby's health professional.

Where else can I get information?

- Visit www.babyhearing.org
- or call (406) 444-1216

12,600 copies of this public document were published at an estimated cost of \$1.10 per copy, for a total cost of \$1,260.00, which includes \$1,260.00 for printing and \$0.00 for distribution.

This brochure was paid for from Montana's HRSA grant from the federal Maternal and Child Health Bureau, grant # H61MC00053.



Why should my baby's hearing be tested?

- Most babies can hear well at birth, but a few do not.
- We test all babies to find the ones who may not be able to hear. Testing is the only way to know if a baby has hearing loss.
- It is important to find hearing loss as soon as possible. Babies whose hearing loss is not found early will have a hard time learning.
- If we find hearing loss early, there are many ways we can help your baby.

Make sure your baby's hearing is tested before you leave the hospital.

What should I know about the test?

- The test is safe and painless and can be done in about 10 minutes.
- Most babies sleep through the test.
- You will get the test results before you leave the hospital.
- Be sure to tell the hospital the name of your baby's health professional or clinic so they can send them the results.



Why do some babies need another hearing test?

- Some babies may need another test because:
 - fluid in the ear
 - noise in the testing room
 - baby was moving a lot
 - baby has hearing loss
- Most babies who need another test have normal hearing. Some will have hearing loss.
- If your baby does not pass the hearing test, make sure he or she is tested again as soon as possible, and by no later than one month of age.

Can a newborn baby pass the hearing test and still have hearing loss?

- Yes, some babies hear well enough to pass the first test, but lose their hearing later because of:
 - some illnesses
 - some medicines
 - some injuries
 - a family history of hearing loss
- Watch for signs of hearing loss as your baby grows.
- Use the list on the back cover as a guide.

Your Baby Needs! Another Hearing Test!

DATE

1-11-97



Some things a baby with normal hearing should be able to do:

Birth to 3 Months of Age

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 - *fluid in the ear*
 - *noise in the testing room*
 - *baby was moving a lot*
 - *baby has hearing loss*
- Most babies who need another test have normal hearing. Some will have hearing loss.

Why is it important to have another hearing test as soon as possible?

- Testing is the only way to know if a baby has a hearing loss.
- The earlier a hearing loss is found, the better it is for a baby.
- If your baby has a hearing loss, there are many ways we can help your baby.

Finding hearing loss early can make a big difference in your baby's life.



What will happen during my visit?

- A hearing specialist (an audiologist) will test your baby and tell you the results or tell you if more tests are needed.
- The test is safe and painless.
- A few babies will need a more complete set of hearing tests, so you may be asked to bring your baby back.
- If your baby needs more testing, get it done as soon as possible, and by no later than 3 months of age.

Can a newborn baby pass the hearing test and still have hearing loss?

- Yes, some babies hear well enough to pass the first test, but lose their hearing later because of:
 - some illnesses
 - some medicines
 - some injuries
 - a family history of hearing loss
- Watch for signs of hearing loss as your baby grows.
- Use the list on the back cover as a guide.
- If you have questions about your baby's hearing, talk to your baby's health professional.

An appointment has been made for your baby's next hearing test:

Your Baby's Name

Audiologist's Name

Time and Date

Place

Phone Number

Please call if you need to reschedule.

Montana State Legislature

**Exhibit **

This is a brochure only the front cover has been scanned to aid you in your research.

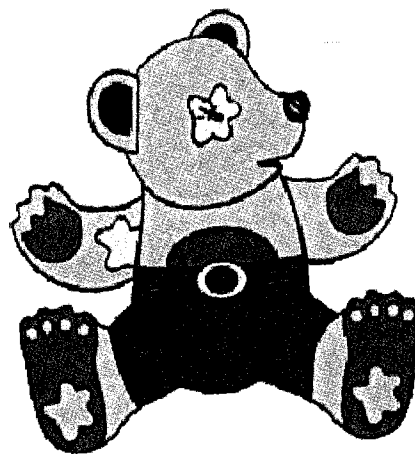
The original exhibit is on file at the Montana Historical Society and may be viewed there

**Montana Historical Society
Archives, 225 N. Roberts, Helena,
MT 59620-1201
Phone (406) 444-4774.**

Scanning by: Susie Hamilton



UNIVERSAL NEWBORN HEARING SCREENING PROGRAM



Family and Community Health Bureau
P.O. Box 202951
Helena, MT 59620

406/444-1216

OFFICIAL MEDICAL RECORD

BABY HEARING TEST

Your baby, _____, born _____,

received a hearing test on _____ at _____

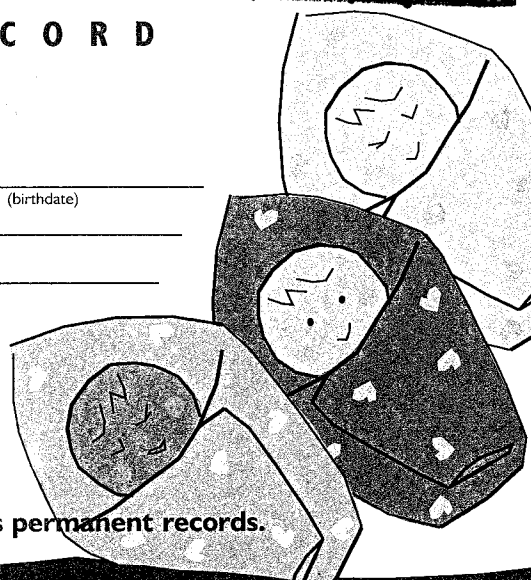
using the following equipment: _____

The results were: Right Ear _____ Left Ear _____

Recommendations: _____



Be sure to keep test results with your baby's permanent records.



WHY TESTING YOUR BABY'S HEARING IS SO IMPORTANT

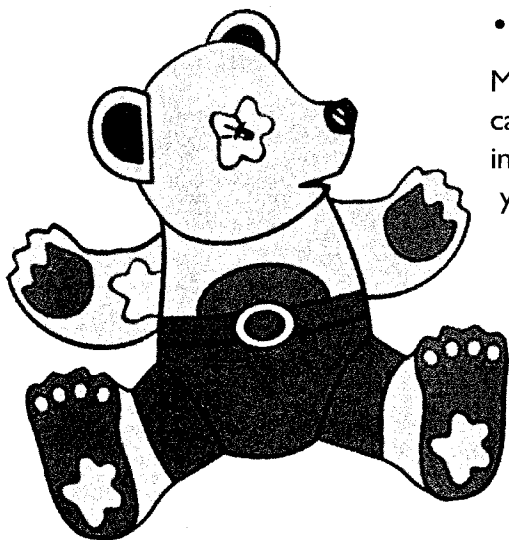
All infants should receive a hearing test within a few days of birth. If hearing is a problem, it should be addressed immediately. Some babies with normal hearing at birth, experience hearing loss during their first crucial months of life.



WHAT CAUSES INFANT HEARING LOSS?

Babies frequently acquire hearing loss after birth through:

- Childhood diseases such as measles, mumps and meningitis.
- A family history of childhood hearing loss.
- Multiple ear infections.



Middle ear infection and fluid retention is the most common cause of infant hearing loss. If your baby has three or more ear infections, or if your little one's hearing comes and goes, see your physician, pediatrician or audiologist immediately. If further hearing testing is recommended, it is essential to follow through. Hearing loss can delay speech and language development—so important during a baby's early years. The good news is—for many babies, prompt testing and treatment brings back a whole world of sound.

See how your baby develops—
the milestones on the back will help you
keep track.